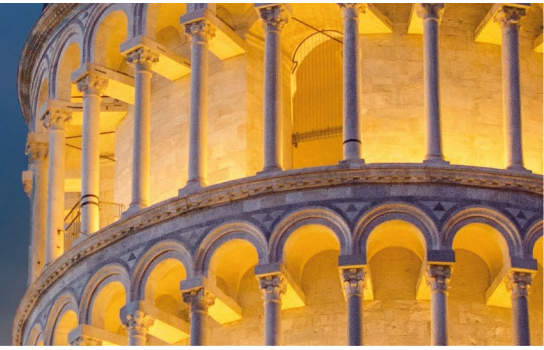




SINS2025

PISA, SEPTEMBER 10 - 13, 2025



PERSONAL DATA FORM

PERSONAL DATA			
FIRST NAME			
LAST NAME			
CODICE FISCALE			
PLACE OF BIRTH		DATE OF BIRTH	
MOBILE PHONE		E-MAIL	
ADDRESS			
NATIONALITY		COUNTRY OF RESIDENCE	

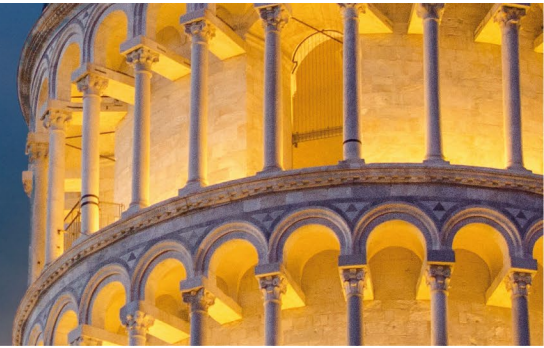
AFFILIATION	
ISTITUTION	
DEPARTMENT	
ADDRESS	
POSITION	
PhD DEGREE (YES / NO). If yes, please specify the field	
RESEARCH FIELD	

OTHER INFORMATION	
TITLE OF SUBMITTED ABSTRACT (SINS 2025)	
PREVIOUS SINS GRANTS RECEIVED (YES / NO). If yes, please specify	



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PUBBLICATIONS	
INTERNATIONAL JOURNALS	
NATIONAL JOURNALS	
ABSTRACT AT INTERNATIONAL MEETINGS	
ABSTRACT AT NATIONAL MEETINGS	

Self-Declaration of Absence of Financial Support and Membership Status

I, the undersigned, hereby declare that **I am a member of the Italian Society for Neuroscience (SINS)** and that **my membership is currently active and in good standing** with all annual dues fully paid.

I further declare that **I do not receive any financial support from my home institution or from any other organization** to attend the 21st SINS National Congress (Pisa, September 10–13, 2025).

Should I be awarded any additional funding related to the participation in this event, I commit to inform the SINS Secretariat immediately, and I acknowledge that I will waive the right to receive the SINS travel grant, even if selected as a recipient.

I am aware that any false declaration will result in the withdrawal of the grant and may lead to exclusion from future SINS funding opportunities.

PLACE	DATE	SIGNATURE
.....